



Family Portal: Information Verification Guide

Portal Access: <https://www.lefchildcare.org/SignIn?returnUrl=%2F>

What you will need:

- Log in Username and Password
- Child's immunization Record

After clicking on the link provided, you will be redirected to the log in page of the Family Portal. Please use your username and password to access.

The screenshot shows the login page for The Learning Enrichment Foundation. At the top, there is a dark purple header with the text "The Learning Enrichment Foundation" and navigation icons for home, search, and "Sign in". Below the header, there are three buttons: "Sign in" (highlighted in orange), "Register", and "Redeem invitation". The main content area is divided into two sections: "Sign in with a local account" and "Sign in with an external account". The "Sign in with a local account" section contains two input fields for "Username" and "Password", both marked with an asterisk. Below these fields is a checkbox for "Remember me?". At the bottom of this section are two buttons: "Sign in" and "Forgot your password?". The "Sign in with an external account" section features a single button labeled "Azure AD".

After logging on the right-hand corner of the screen you will notice your name and a drop-down menu. Click on the drop-down menu and you will see a tab called Client/Child Information. Please click on this tab.

The screenshot shows the home page of the Family Portal after a user has logged in. The browser's address bar shows the URL "https://lefqa.microsoftcrmportals.com". The header is the same as in the previous screenshot, but now it displays the user's name "Sally Jones" with a drop-down arrow. The main content area features the Learning Enrichment Foundation logo and the text "CUSTOMER SELF-SERVICE". On the right side, a user menu is open, listing several options: "Profile", "Client/Child Registration", "Client/Child Information (Complete Registration/Edit/Withdraw)", "Invoices", "Paid Invoices", "Tax Receipts", "Parent Handbook", and "Sign out".



After clicking on the tab, you will see your child(ren) listed. Please click on the child's name. If you have more than one child enrolled, you will need to repeat this process for each child.

CLIENTS LIST



Sally Jones

Your email requires confirmation. [Confirm Email](#)

Name of Client ↑ **LEF Childcare Child** **Age Group** **Primary Contact**

Sample Account	Yes	Kindergarten (4-5 years)	Sally Jones	
----------------	-----	--------------------------	-------------	--

Profile

Client/Child Registration

Client/Child Information (Complete Registration/Edit/Withdraw)

After selecting the child's name, you will be directed to Step 1 of 12.

Step 1- General Information: Please ensure the child's first and last name are correct. Then select next at the bottom of the page.

CLIENT EDIT



Sally Jones

Your email requires confirmation. [Confirm Email](#)

Step 1 of 12

General

Client Identification

First Name *

Middle Name

Last Name *

Preferred Name

Primary Language

Preferred Official Language

Secondary Contact

Is secondary contact from existing contact?
 Existing New

Secondary Contact

Profile

Client/Child Registration

Client/Child Information (Complete Registration/Edit/Withdraw)

Invoices

Paid Invoices

Tax Receipts

Parent Handbook

Security


Change Password

Change Email

Manage External Authentication

Step 2: Date of birth verification

CLIENT EDIT

 Sally Jones

Your email requires confirmation.
Confirm Email

Step 2 of 12

General Childcare

Date of Birth

Gender *

Male

Birth Year *

2015

Birth Month *

Jul

Birth Day of Month *

2


Guardian Name

Previous
Next

Step 3: **Skip this section**

Step 4- Additional Information: This section will vary depending on the age group. Please ensure that you complete each section.

CLIENT EDIT

 Sally Jones

Your email requires confirmation.
Confirm Email

Step 4 of 12

Additional General Information (Kindergarten and School-Age)

Previous Group Care

Other adults child stays with

Language(s) at home (Other)

Additional child support information

Child comfort type when upset

Child favourite toys

Child favourite toys (Other)

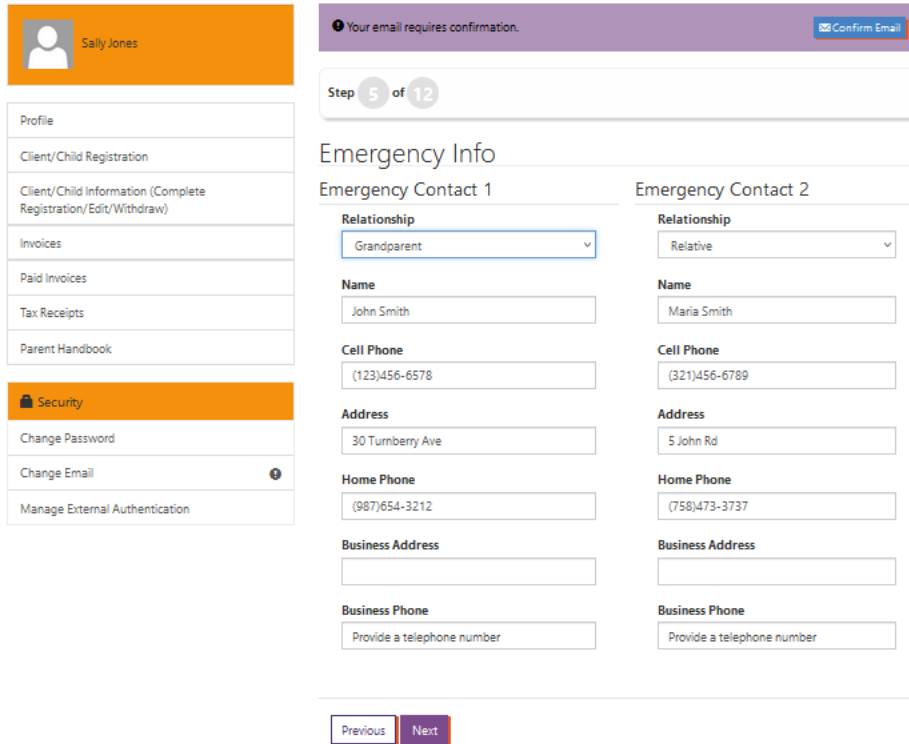
Interaction preference

Conflict reaction

Conflict reaction (Other)

Step 5- Emergency Contact: Please add 1-2 emergency contacts other than parents. Fill in the name, phone number, and address section.

CLIENT EDIT



CLIENT EDIT

Your email requires confirmation. [Confirm Email](#)

Step 5 of 12

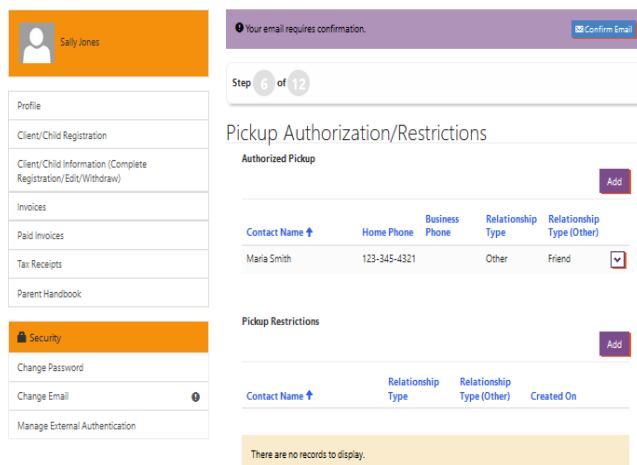
Emergency Info

Emergency Contact 1	Emergency Contact 2
Relationship: Grandparent	Relationship: Relative
Name: John Smith	Name: Maria Smith
Cell Phone: (123)456-6578	Cell Phone: (321)456-6789
Address: 30 Turnberry Ave	Address: 5 John Rd
Home Phone: (987)654-3212	Home Phone: (758)473-3737
Business Address:	Business Address:
Business Phone: Provide a telephone number	Business Phone: Provide a telephone number

[Previous](#) [Next](#)

Step 6: Pick up Authorization and Restrictions: Here you can add who can pick up your child by clicking add on the right-hand side. Please fill in all the sections and click submit. After completing you should see them appear on the list.

CLIENT EDIT



CLIENT EDIT

Your email requires confirmation. [Confirm Email](#)

Step 6 of 12

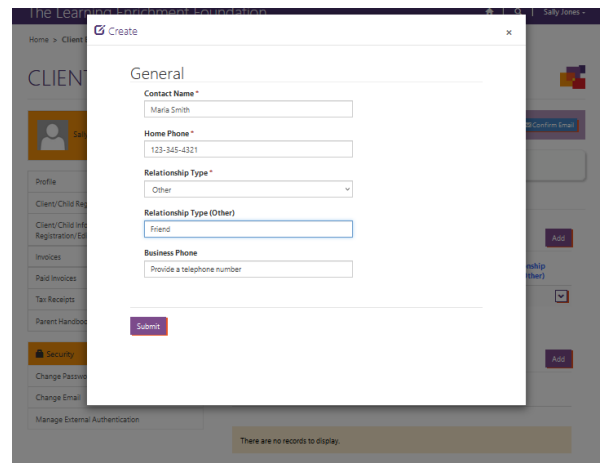
Pickup Authorization/Restrictions

Authorized Pickup [Add](#)

Contact Name ↑	Home Phone	Business Phone	Relationship Type	Relationship Type (Other)
Maria Smith	123-345-4321		Other	Friend

Pickup Restrictions [Add](#)

Contact Name ↑	Relationship Type	Relationship Type (Other)	Created On
There are no records to display.			



CLIENT EDIT

Create

General

Contact Name *
Maria Smith

Home Phone *
123-345-4321

Relationship Type *
Other

Relationship Type (Other)
Friend

Business Phone
Provide a telephone number

[Submit](#)

There are no records to display.



Step 7- Allergy and Food Restrictions: In this section you can add any allergies or dietary restrictions. Click add on the right-hand side and fill each required section. Once complete click submit and you should see it listed.

CLIENT EDIT

The screenshot shows the 'CLIENT EDIT' interface for Sally Jones. The left sidebar contains navigation links: Profile, Client/Child Registration, Client/Child Information (Complete Registration/Edit/Withdraw), Invoices, Paid Invoices, Tax Receipts, Parent Handbook, Security, Change Password, Change Email, and Manage External Authentication. The main content area is titled 'Allergies/Food Restrictions' and is at 'Step 7 of 12'. It features a purple notification bar: 'Your email requires confirmation. Confirm Email'. Below this, there are two sections: 'Allergies' and 'Food Restrictions'. Each section has an 'Add' button and a table header. The 'Allergies' table header includes: Type, Other Description, Severity, Reaction, Reaction if Other, and Epinephrine injection required (EPIPEN?). The 'Food Restrictions' table header includes: Type, Other, and Actions to take if accidentally ingested?. Both sections currently display 'There are no records to display.'

Step 8- Medical Conditions / Medication: In this section you can add any medical conditions such as asthma, eczema etc. by clicking add and filling in all the required areas, then click submit. Any medications such as; puffers, epi-pen, etc. would be added in this section.

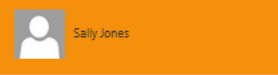
CLIENT EDIT

The screenshot shows the 'CLIENT EDIT' interface for Sally Jones. The left sidebar is identical to the previous screenshot. The main content area is titled 'Medical Conditions and Medications' and is at 'Step 8 of 12'. It features the same purple notification bar: 'Your email requires confirmation. Confirm Email'. Below this, there are two sections: 'Medical Conditions' and 'Medications'. Each section has an 'Add' button and a table header. The 'Medical Conditions' table header includes: Medical Condition Type, Details if Other, and Comment. The 'Medications' table header includes: Medication Type, Permission To Administer, Physician's Name and Number, Date Prescribed, Dosage, and Route To Be Given. Both sections currently display 'There are no records to display.'



Step 9- Health History: Here you can add any history of illness such as chicken pox, roseola, strep throat etc. Click add, and select from the drop-down menu, date of diagnosis, and submit.

CLIENT EDIT




Your email requires confirmation. [Confirm Email](#)

Step 9 of 12

Health History

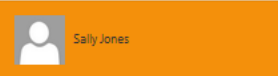
[Add](#)

Health History Type ↑	Details if Other	Diagnosis Date	Other Medical Information
Chicken Pox		9/1/2021	

[Previous](#) [Next](#)

Step 10- Professional Contacts: In this section you would add your child’s family physician or pediatrician by selecting add and filling in the required areas.

CLIENT EDIT




Your email requires confirmation. [Confirm Email](#)

Step 10 of 12

Professional Contacts

[Add](#)

Contact Name ↑	Type	Type if Other	Phone Number	Comments
Dr. Green	Pediatrician		416-8889959	

This is the Consent to exchange information under Professional Contacts

Information Exchange with Professional Consent

Initials

[Previous](#) [Next](#)

Note: There is a consent to exchange information. Please check off the box and add your initials



Step 11- Immunizations: Please insert each immunization date by clicking on the drop-down arrow and selecting edit; then add date of when the vaccine was administered. Note; there are 6 pages in total that need to be completed.

CLIENT EDIT

Sally Jones

Profile

Client/Child Registration

Client/Child Information (Complete Registration/Edit/Withdraw)

Invoices

Paid Invoices

Tax Receipts

Parent Handbook

Security

Change Password

Change Email

Manage External Authentication

Your email requires confirmation. [Confirm Email](#)

Step 11 of 12

Immunization Records

Immunizations Add

Immunization Type	Immunization Period ↑	Immunization Date
Diphtheria	12 months	<input type="text"/>
Tetanus	12 months	<input type="text"/>
Pertussis	12 months	<input type="text"/>
Polio	12 months	<input type="text"/>

< 1 2 3 4 5 6 >

Immunization Exempt

FINAL & MOST IMPORTANT STEP:

Step 12- Policies and Procedures: In this section please check off each box for each policy and add your initials to confirm the policy has been acknowledged.

Sally Jones

Profile

Client/Child Registration

Client/Child Information (Complete Registration/Edit/Withdraw)

Invoices

Paid Invoices

Tax Receipts

Parent Handbook

Security

Change Password

Change Email

Manage External Authentication

Step 12 of 12

Policies and Procedures Consent Forms

Age Group: Kindergarten (4-5 years)

LEP Parent Contract Childcare Centre sign off

Parent Handbook review

Photography and Video Use by the Program Consent

Photography and Video Use by the Program Consent

Photography and Video Use by Media Consent

I consent to the use of my child's photography and video by Media (Newspapers, magazines, TV stations, etc). You will be informed prior to such dates. I understand that the photography will not be used in any way for financial gain and therefore make no monetary or legal claim against LEP or its Childcare centres.

Field Trip Participation Consent

I consent to field trip participation. As part of the program, we often plan local trips to places in our neighbourhood, such as the library, visiting merchants, neighbourhood walks, going to local parks.

Developmental Tool Use Consent

I consent to Developmental Tool use. I understand this tool will be used so that the staff may develop an individual program plan (I.P.P.) for my child. The tool and I.P.P. will be kept in my child's file. This tool is used to assist staff and parents to determine what the most developmental step will be for my child to learn. I understand that the staff at the centre will share my child's progress with me, and offer me a copy of my child's program plan. Information is confidential and will not be shared with anyone outside of LEP Childcare staff without my consent.

Hand Sanitizer Use Consent

I consent to the Childcare staff to give hand sanitizer to my child as needed throughout the day. I understand that hand sanitizer will only be used in cases where water is not readily available.

Diaper Cream Application Consent

I consent to the Childcare staff to apply diaper cream to my child as needed throughout the day.

Sunscreen Use Consent

I consent to the Childcare staff to apply sunscreen to my child as needed throughout the day. I understand that I need to put on the first application of sunscreen at home and provide the childcare centre with a bottle of sunscreen, labelled with my child's name and room.

Body Chart for Birthmarks completion

I have completed the Body Chart for Birthmarks (Only to be completed for children up to age 4.)

Toronto Public Health Immunization Regulation Agreement

I agree to the Toronto Public Health Immunization Regulation that under the Child Care and Early Years Act, Section 25 (1) of O.Reg 187/2018 all children who attend a child care centre must be immunized according to Ontario's Publicly Funded Immunization Schedule. If an exemption is required please speak to the staff and ensure I will receive a copy of